



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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PHONE 208-334-6626
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February 9, 2009

Merinda Halladay, Administrator
Belmont Care Center
Crestview Location
3625 Vaughn Street
Pocatello, Idaho 83204

RE: Belmont Care Center, provider # 13G050

Dear Ms. Halladay:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Belmont Care Center Crestview, on January 29, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

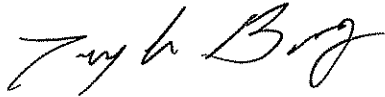
Merinda Halladay, Administrator
February 9, 2009
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Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 23, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is fluid and cursive, with the first name "Taylor" and last name "Barkley" clearly distinguishable.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety and Construction Program

TB/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPrinted: 02/06/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G050	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2009
NAME OF PROVIDER OR SUPPLIER BELMONT CARE CENTER CRESTVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 4024 MOUNTAIN LOOP POCATELLO, ID 83204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a one story, Type V(III) structure with a basement. Residents sleep on the first story (i.e., ground level). The basement has an exit to ground level and is not occupied. The facility is fully sprinklered with a 13D system and is licensed for 8 beds. The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability. The survey was conducted under 42 CFR 483.470. The following deficiencies were cited during the fire/life safety survey on January 29, 2009. The annual fire/life safety survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire/Life Safety and Construction Program	K 000		
K0056	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 1: In prompt evacuation facilities,	K0056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

M. Hall *Administrator* *2/17/09*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0056	<p>Continued From page 1</p> <p>an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with</p>	K0056	<p>POC K0056 483.470(j)(1)(i) Life Safety Code Standard</p> <p>Sprinkler system inspections were completed on 1/29/09 following the survey. The tags were updated and new reports on file. The company that inspects the sprinkles was given update information on who to contact for annual reviews. Maintenance will also complete an annual checklist of inspections that need to be completed.</p> <p>Person Responsible: Maintenance, Home Supervisor and Administrator</p> <p>Monitor: Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. In addition, there will be discussion on inspections that are coming up or needed within the month.</p> <p>In addition, the light fixture that is blocking the sprinkler head will be moved over to allow for an effective water spray in the office.</p>	<p>1/29/09</p> <p>3/29/09</p>	

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K0056	<p>Continued From page 2</p> <p>33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p>	K0056		

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K0056	<p>Continued From page 3</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>This Standard is not met as evidenced by: (1). Based on observation it was determined that the facility sprinkler system was not installed in accordance with NFPA 13D. In the event of a fire</p>	K0056			

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K0056	Continued From page 4 in the office, the light that is blocking the sprinkler head will prevent water spray from reaching the side of the office opposite of the light fixture. Findings include: Observations during the facility tour on January 29, 2009, at 10:20 AM revealed that in the office the ceiling light fixture is blocking the sprinkler head. The light extends approximately one inch below the sprinkler head deflector. This light will render the water spray from the head ineffective for the side of the office opposite of the light fixture. The findings were observed and noted by facility maintenance director and surveyor. (2). Based on observation and record review it was determined that the facility failed to ensure that the automatic sprinkler system was being annually inspected in accordance with NFPA 25. The annual inspection helps to ensure reliability of the system in the event of a fire in the facility. Findings include: During record review on January 29, 2009 at 9:20 AM, review of the last annual sprinkler system inspection report revealed it was dated December 3, 2007. Further observation of the tag on the sprinkler riser confirmed the date on the inspection report. The findings were observed and noted by facility maintenance director and surveyor.	K0056			
K0152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD	K0152			

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K0152	<p>Continued From page 5</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities;</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>This Standard is not met as evidenced by: Based on record review it was determined that the facility failed to hold evacuation drills at least quarterly on each shift. In the event of an emergency the drills help to ensure that staff on all shifts are trained and react accordingly for the type of emergency.</p> <p>Findings include:</p>	K0152	<p>POC K0152 483.470(j)(1)(i) Life Safety Code Standard</p> <p>Crestview will ensure that quarterly fire drills are completed and documented. The fire drills will be documented on the Care Tracker Kiosks. To ensure that Crestview is current on their fire drills, a drill will be run on each shift each month until they can be separated out back into the quarters.</p> <p>Person Responsible: Maintenance Supervisor, Home Supervisor, and Administrator</p> <p>Monitor: The Maintenance Supervisor and home supervisors will run the fire drills quarterly. They will complete the drills on the Kiosks. Reports will be pulled monthly and checked by the Administrator to ensure the drills were run.</p>	3/29/09	

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K0152	Continued From page 6 During record review on January 29, 2009 at 9:17 AM, revealed that the facility did not have any documentation for having held any fourth quarter drills and no graveyard shift drill during the third quarter during the previous twelve months. The findings were observed and noted by facility maintenance director and surveyor.	K0152			

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Bureau of Facility Standards

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M 000	16.03.11 Initial Comments The facility is a one story, Type V(III) structure with a basement. Residents sleep on the first story (i.e., ground level). The basement has an exit to ground level and is not occupied. The facility is fully sprinklered with a 13D system and is licensed for 8 beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The following deficiencies were cited during the fire/life safety survey on January 29, 2009. The annual fire/life safety survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire/Life Safety and Construction Program	M 000		
MM324	16.03.11.110.02(e) Wastebaskets All wastebaskets must be of noncombustible or other approved materials. This Rule is not met as evidenced by: Based on observation it was determined that wastebaskets that were not made of noncombustible material. This deficiency has the potential to add to the fire load and not help contain a fire if one is started in the wastebasket. Findings include: During the facility tour on January 29, 2009 between 10:15 AM and 10:26 AM, it was	MM324	POC MM 324 16.03.11.110.02(e) Wastebaskets All plastic wastebaskets in sleeping rooms were replaced with noncombustible material. These wastebaskets are in line with the requirements for this regulation. Replacement wastebaskets were also purchased to ensure plastic was not put back in the sleeping rooms. Person Responsible: Maintenance, Home Supervisor, and Administrator Monitor: Maintenance will complete a bi-monthly Fire Life Safety checklist of the facility to ensure the wastebaskets remain noncombustible. Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. Quarterly the Administrator will complete environmental audits with maintenance and the home supervisor.	3/29/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

021199

OBTW21

If continuation sheet 1 of 3

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MM324	Continued From Page 1 observed that sleeping rooms #2 and #4 contained wastebaskets that were not made of noncombustible material. The findings were observed and noted by facility maintenance director and surveyor. This is a repeat deficiency cited during the survey conducted on March 8, 2007.	MM324		
MM327	16.03.11.110.02(h) Emergency Electrical Service Each facility must provide emergency electrical service for at least the exit passageway lighting, hall lighting, and the fire alarm system. This Rule is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that all emergency electrical lighting would illuminate upon test. Lack of emergency lighting would potentially provide for a difficult evacuation of the building in the dark. The findings include: Observation on January 29, 2009 at 10:15 AM, disclosed that the emergency lighting unit by the front door was not functioning upon pressing of the test button. The findings were observed and noted by facility maintenance director and surveyor. This is a repeat deficiency cited during the survey conducted on February 6, 2008.	MM327	POC MM 327 16.03.11.110.02(h) Emergency Electrical Service The emergency lighting units in the hallways, stairwells and entrances was corrected. Bulbs in the exit light in the upper and basement hallway were replaced to ensure appropriate lighting. Bi-monthly facility inspections and testing of the lights will be completed. Person Responsible: Maintenance, Home Supervisor, Administrator Monitor: Maintenance will complete a bi- monthly Fire Life Safety checklist of the facility to ensure the emergency lighting is functioning properly. Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. Quarterly the Administrator will complete environmental audits with maintenance and the home supervisor.	
MM345	16.03.11.110.06(f) Portable Fire Extinguishers Portable fire extinguishers must be serviced in accordance with the applicable NFPA Standard 10 (1978 edition), "Portable Fire Extinguishers." This Rule is not met as evidenced by:	MM345		

STATE FORM

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OBTW21

If continuation sheet 2 of 3

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MM345	<p>Continued From Page 2</p> <p>Based on observation it was determined that the facility failed to ensure that the portable fire extinguishers were being serviced / maintained in accordance with NFPA 10. The annual inspections and monthly checks help to ensure the extinguishers reliability in the event they may be needed.</p> <p>Findings include:</p> <p>During the facility tour on January 29, 2009 between the hours of 10:15 AM and 10:30 AM it was observed that the portable fire extinguishers were not being annually inspected or checked on a monthly basis. The fire extinguisher tags were last dated January 2007 and were not initialed to document any monthly checks. The findings were observed and noted by facility maintenance director and surveyor.</p>	MM345	<p>POC MM 345 16.03.11.110.06(f) Portable Fire Extinguishers</p> <p>The portable fire extinguisher in the basement was inspected and will be checked monthly. This extinguisher will be added to the monthly list to check and sign off on.</p> <p>Person Responsible: Maintenance, Home Supervisor, Administrator</p> <p>Monitor: Maintenance will complete a bi-monthly Fire Life Safety checklist of the facility to ensure the fire extinguishers are inspected. Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. Quarterly the Administrator will complete environmental audits with maintenance and the home supervisor.</p>	2/13/09

STATE FORM

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If continuation sheet 3 of 3